PTO/SB/22 (12-04)
Approved for use through 7/31/2006, OMB 0651-0031
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Under Paperwork Rediction Act of 1995, no persons are required to	o respond to a collection	of information unless if	displays a valid ON	1B control number.					
PETITION FOR EXTENSION OF TIME UNDER 37	Docket Number (Optional)								
FY 2005		0020-4771P							
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)									
Application Number 09/701,303		Filed	Filed November 28, 2000						
For CONTROLLED RELEASE PREPARATIONS HAVING MULTI-LAYER STRUCTURE									
Art Unit 1618	Examiner PAGE, Thurman K.								
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.									
The requested extension and fee are as follows (check	time period desi	red and enter the	appropriate fe	e below):					
<u>Fee</u>		Small Entity Fee							
One month (37 CFR 1.17(a)(1))	\$120	\$60	\$						
X Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$	450.00					
Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$						
Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$						
Five months (37 CFR 1.17(a)(5))	\$1080	\$							
Applicant claims small entity status. See 37 CF	R 1.27.								
Payment by credit card. Form PTO-2038 is attached.									
The Director has already been authorized to ch	arge fees in this a	application to a Di	eposit Accoun	i.					
The Director is hereby authorized to charge any Deposit Account Number 02-2448		be required, or crosed a duplicate of		-					
32-2-40		osca a daplicate (Jopy of this sin						
I am the applicant/inventor.									
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).									
x attorney or agent of record. Re	·	•							
				•					
attorney or agent under 37 CFR Registration number ifacting und									
Troggeration number and	6/ 5/ 6/10 1.54		·						
Signature		December 22, 2005 Date							
John W. Bailey									
Typed or printed name		(703) 205-8000 Telephone Number							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more									
than one signature is required, see below.									
Total of 1 forms are submitte	ed.								

12/23/2005 SZEWDIE1 00000081 09701303

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PTO/SB/17 (12-04v2)
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Water the Paperwork Resyction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.									
IPAPE Effective on 12/08		Complete if Known							
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		8). Application Nu			09/701,303				
FEE TRANSMITTAL		Filing Date			November 28, 2000				
For FY 2005					Akihiko SANO				
	Examiner Name			AGE, Thurman K.					
Applicant claims small entity sta	Art Unit								
TOTAL AMOUNT OF PAYMENT	(\$) 450.00	Attorney Docke	t No. 00	0020-4771P					
METHOD OF PAYMENT (check all that apply)									
X Check Credit Card Money Order None Other (please identify):									
Deposit Account Deposit Account Number: 02-2448 Deposit Account Name:									
For the above-identified dep	osit account, the Direct	or is hereby authoriz	zed to: (check	all that apply)					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee									
x Charge any additional fee(s) or underpayment of x Credit any overpayments									
fee(s) under 37 CFR 1.16 and 1.17 FEE CALCULATION									
1. BASIC FILING, SEARCH, AND E	XAMINATION FEES								
· · · · · · · · · · · · · · · · · · ·		SEARCH FEES	EXAMINA	ATION FEES					
	Small Entity	Small Entity		Small Entity					
Application Type Fee (e (\$) Fee (\$)	<u>Fee (\$)</u>	Fee (\$)	Fees Pa	aid (\$)			
Utility 300		00 250	200	100					
Design 200	100 1	00 50	130	65					
Plant 200	100 3	00 150	160	80					
Reissue 300	150 5	00 250	600	300					
Provisional 200	100	0 0	0	0					
2. EXCESS CLAIM FEES						Small Entity			
Fee DescriptionFee (\$)Fee (\$)Each claim over 20 (including Reissues)5025									
Each independent claim over 3 (inc	•				200	100			
Multiple dependent claims	idding iceissues)				360	180			
Total Claims Extra Claims	Fee (\$) F	ee Paid (\$)	Mu	Itiple Depende		100			
10 - 20 =		00 1 414 (4)	Fee (\$)			Fee Paid (\$)			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									
Indep. Claims Extra Claims	Fee (\$) = F	ee Paid (\$)				_			
	^		•						
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50									
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)									
100 = /50 (round up to a whole number) x =									
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): 1252 Extension for response within second month 450.00									
SUBMITTED BY / / /									
Signature // /	1	Registration No. (Attorney/Agent)	32,881	Telephone	(703) 205-8000				
Name (Print/Type) John W. Bailey Date December 22, 20									
				1					